

Application for Renewal of North Carolina Sleep Products Manufacturer's License

Sleep Products Section

North Carolina Department of Agriculture & Consumer Services, Structural Pest Control & Pesticide Division

| | | |
|---|------------|------------------------|
| Company Name | | Registration Number |
| Street Address (Box Number, Street Address, Rural Route, or Other) | | |
| City, State, Zip (City, Town or Post Office, State and Zip Code) | | Country |
| Plant Location (Street address or adequate directions to the plant) | | County (if in NC only) |
| Contact Person (Name and Title) | | |
| Telephone Number | Fax Number | E-mail Address |

Instructions: Answer the following questions about your business volume in North Carolina for the 2010 calendar year to calculate your bedding license fee.

- For products manufactured in North Carolina but not sold in North Carolina answer questions 1-12
- For products manufactured and sold in North Carolina, answer questions 13-24
- For products manufactured outside of North Carolina but sold in North Carolina, answer questions 25-35

| START HERE ONLY IF THIS PLANT IS LOCATED WITHIN NORTH CAROLINA, OTHERWISE SKIP TO BOX 25. | | |
|---|---|--|
| MANUFACTURED IN BUT NOT SOLD IN NORTH CAROLINA DURING 2010. | 1. Enter the number of pillows and decorative pillows. | |
| | 2. Enter the number of comforters. | |
| | 3. Add boxes 1 and 2. Put the total here. | |
| | 4. Divide the total in box 3 by 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here. | |
| | 5. Enter the number of mattresses and upholstered springs. | |
| | 6. Enter the number of sleeping bags. | |
| | 7. Enter the number of sleeping pads and comforters. | |
| | 8. Enter the number of cushions. | |
| | 9. Enter the number of padded or stuffed items designed to be commonly used for reclining or sleeping, including studio couches and sofa beds. | |
| | 10. Add boxes 4 through 9. Put the total here. | |
| | 11. The fee for each item in box 10 is 5.2 cents. Multiply total in box 10 by .052 and put the results here. | |
| | 12. If the amount in box 11 is greater than \$750.00, put \$750.00 in box 12. If the amount in box 11 is less than or equal to \$750.00, put the actual amount in box 12. | |
| MANUFACTURED IN AND SOLD IN NORTH CAROLINA DURING 2010. | 13. Enter the number of pillows and decorative pillows. | |
| | 14. Enter the number of comforters. | |
| | 15. Add boxes 13 and 14. Put the total here. | |
| | 16. Divide the number in box 15 by 5 (five). If this results in a fraction, round it off to the next highest number. Put the results here. | |
| | 17. Enter the number of mattresses and upholstered springs. | |
| | 18. Enter the number of sleeping bags. | |
| | 19. Enter the number of sleeping pads. | |
| | 20. Enter the number of cushions. | |
| | 21. Enter the number of other padded or stuffed items designed to be or commonly used for reclining or sleeping, including studio couches and sofa beds. | |
| | 22. Add boxes 16 through 21. Put the total here. | |
| | 23. The fee for each item in box 22 is 5.2 cents. Multiply the number in box 22 by .052 and put the results here. | |
| | 24. DO NOT COMPLETE BOXES 25 THROUGH 35. GO TO BOX 36. | |

| START HERE IF PLANT IS LOCATED OUTSIDE OF NORTH CAROLINA. | | |
|---|--|--|
| SHIPPED INTO NORTH CAROLINA DURING 2010 | 25. Enter the number of pillows and decorative pillows. | |
| | 26. Enter the number of comforters. | |
| | 27. Add boxes 25 and 26. Put the results here. | |
| | 28. Divide the number in box 27 by 5(five). If this results in a fraction, round it off to the next highest number. Put the result here. | |
| | 29. Enter the number of mattresses and upholstered springs. | |
| | 30. Enter the number of sleeping bags. | |
| | 31. Enter the number of sleeping pads. | |
| | 32. Enter the number of cushions. | |
| | 33. Enter the number of other padded or stuffed items designed to be or commonly used for reclining or sleeping including studio couches and sofa beds. | |
| | 34. Add boxes 28 through 33. Put the results here. | |
| 35. The fee for each item in box 34 is 5.2 cents. Multiply the number in box 34 by .052 and put the results here. | | |
| | 36. Add box 12, box 23, and box 35. (These boxes are shaded gray.) Put the total here. | |
| | 37. If the amount in box 36 is less than \$50.00, put \$50.00 in box 37. If the amount in box 36 is greater than or equal to \$50.00, put the actual amount in box 36 here. | |

This is to certify that I have examined this application and have determined that the information contained therein is correct:

Name Printed: _____ Federal Tax ID Number /EIN : _____
(required)

SLEEP PRODUCTS SECTION
NCDACS, Structural Pest Control & Pesticide Division
1631 Mail Service Center
Raleigh, NC 27699-1631

Sleep Products Section
NCDACS, Structural Pest Control & Pesticide Division
ROOM 208, 3825 Barrett Drive
RALEIGH NC 27609

NCDACS (Revised 7/1/2011)
Sleep Products Section